

Please return to: Grant Thornton Limited

 Central Processing Centre
 87 Canterbury Street
 Saint John NB E2L 2C7

 Return Before:
 Fax: (844) 892-4223
 E-mail: cistatements@ca.gt.com

Income & Expenses for the month of

 Name: _____
 Address: _____

 Home Phone: _____
 Marital Status: _____

 Employer: _____
 Work Phone: _____
 Occupation: _____
 Spouse's Name: _____
 # of Members in Household: _____

MONTHLY FAMILY INCOME (NET)

	Bankrupt	Spouse
Employment income.	_____	_____
Pension/Annuities.	_____	_____
Child support.	_____	_____
Spousal support.	_____	_____
Employment insurance benefits.	_____	_____
Social assistance.	_____	_____
Self-employment income.	_____	_____
Child Tax Benefit.	_____	_____
Other net income.	_____	_____
Total	_____	_____

MONTHLY FAMILY DISCRETIONARY EXPENSES
Housing expenses

Rent/Mortgage	_____
Property taxes/Condo fees.	_____
Heating/Gas/Oil.	_____
Telephone.	_____
Cable.	_____
Hydro.	_____
Water.	_____
Furniture.	_____
Other	_____

Personal expenses

Smoking	_____
Alcohol	_____
Dining/Lunches/Restaurants.	_____
Entertainment/Sports.	_____
Gifts/Charitable donations.	_____
Allowances.	_____
Other	_____

Non-recoverable medical expenses

Prescriptions.	_____
Dental.	_____
Other.	_____

Income Total: _____
Expense Total: _____
Difference: _____

MONTHLY FAMILY NON-DISCRETIONARY EXPENSES

Child support payments	_____
Spousal support payments	_____
Child care	_____
Medical condition expenses	_____
Fines/Penalties imposed by the court	_____
Expenses as a condition of employment	_____
Debts where stay has been lifted	_____
Other Expenses	_____
Total	_____

Living expenses

Food/Grocery.	_____
Laundry/Dry cleaning.	_____
Grooming/Toiletries.	_____
Clothing.	_____
Other.	_____

Transportation expenses

Car lease/Payments.	_____
Repair/Maintenance/Gas.	_____
Public transportation.	_____
Other.	_____

Insurance expenses

Vehicle.	_____
House.	_____
Furniture/Contents.	_____
Life insurance.	_____
Other.	_____

Payments

To the estate.	_____
To secured creditor.	_____
(Other than mortgage and vehicle).	_____
Other.	_____
Total	_____

I certify that the above information is complete and accurate to the best of my knowledge.
